

State of California
**Application for Milk Handler's
License Renewal - Processor**

Department of Food and Agriculture
Dairy Marketing Branch

1220 N Street
Sacramento, California 95814
(916) 341-5988/ Fax: (916) 341-6697
E-mail: dairy@cdfa.ca.gov

The undersigned hereby applies for a license pursuant to Chapter 2, Part 3, Division 21; or Chapter 1, Part 3, Division 21 of the Food and Agricultural Code

**Two year License Fee \$25.00 for the Period Ending December 31, 2004
Penalty Fee of \$25.00 if not postmarked by December 31, 2002**

**Please print or type
Handler Number:**

1. Date Business Started Operation:	Telephone ()	FAX Number ()	E-mail Address:
2. Business Name DBA:			
2a. Parent Company (If Applicable):		Legal Entity (If Applicable):	
3. Plant Location			Zip Code
4. Business Mailing Address			Zip Code

5. Check Appropriate Box **Individual** **Partnership** **Corporation**

6 Individual, Members of Partnership, or Officers of Corporations Must Answer the Following:

Name and Title	Address	Phone Number

7 If a Corporation, list names and address of persons holding more than 25% of the stock on a separate sheet.

7a. State Incorporated	7b. Corporate No.:	7c. Date Incorporated:
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8 Will you purchase or acquire ownership or control of milk in unprocessed or bulk form from a producer; a producer-handler; or another milk handler for the purpose of manufacturing, processing, sales, or other handlings? **Yes or No**
(please circle one)

9 Source of Bulk Raw Milk	Daily Gallons	Source of Bulk Raw Milk	Daily Gallons
A Own production		C Co-op or Producer-Handler	
B Contract producers (Direct Shippers)		D Bonded Handler	
Name		Name	

10. Have you entered into a written contract with all producers from whom bulk milk is purchased? **Yes or No**

(Please circle one)

FOR NEW APPLICANTS ONLY (Questions 11 and 12 only)

*****Legal entity of license applicant and bond principal must be the same*****

11. Name of Bonding Company _____ Telephone Number: _____

12. Amount of Bond \$ _____

Answer all questions applicable to your business on the reverse side

13. Have you or any member of the partnership or officer of the corporation ever:					
Been denied or refused a license?	YES	NO	13c. If so, is payment still owed to any milk producers?	YES	NO
Had a license revoked or suspended?	YES	NO			
Received a conditional license?	YES	NO	13d. Have you ever failed to pay agricultural producers for their products?	YES	NO
Had payment made from a Surety Bond?	YES	NO			
13a. Have you or any member of the partnership or officer of the corporation ever been convicted of a felony?	YES	NO	14. Are you now or have you ever been licensed as a milk producer in any other state?	YES	NO
13b. Have you or any member of the partnership or the corporation received a 24-hour Demand Notice for failure to pay milk producers?	YES	NO			

If any of the above boxes are checked "yes", explain fully on a separate sheet.

Application **must** be signed by the individual, by a member of the partnership, or an officer of the corporation under penalty of perjury.

Authorized Signature	Print Name	Title	Date
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The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P. O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

Attach check or money order to completed application and return to:
Cashier, Department of Food & Agriculture
P. O. Box 942872
Sacramento, CA 94271-0001

FOR DEPARTMENT USE ONLY			
LICENSE #:	_____		
RC #:	_____	DATE:	_____
AMOUNT:	_____	LINE:	_____
LICENSE FEE:	_____	PENALTY:	_____
RC #:	_____	DATE:	_____
AMOUNT:	_____	LINE:	_____